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| <input type="checkbox"/> Article 19 Amendments | <input type="checkbox"/> Request form PCT/RO/101 |
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<input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU
<input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> NONE |
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<input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ | <input type="checkbox"/> Priority Document (s) No. _____ |
| <input type="checkbox"/> PCT/IPEA/409 or PCT/ISA/237 was NOT AVAILABLE at the time of paralegal review | <input type="checkbox"/> N/A |
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| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on :
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| <input type="checkbox"/> Translation of Article 19 Amendments
<input type="checkbox"/> entered <input type="checkbox"/> not entered :
<input type="checkbox"/> not a page for page substitution
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| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Verified Small Status Statement |
| <input type="checkbox"/> Change of Address | <input checked="" type="checkbox"/> Oath/ Declaration (executed)
<input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other |
| | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing |
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Date Acceptable Oath/ Declaration Received

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